

SCC eFile
(6/10)

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212501267

1.) CORPORATION NAME:

Macy's Systems and Technology, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **1/31/2012**

SCC ID NO: **F1323890**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O MACY'S CORP SERVICES INC
7 W SEVENTH ST

CITY/ST/ZIP: CINCINNATI, OH 45202-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

☒ OFFICER

☐ DIRECTOR

NAME: LARRY LEWARK
TITLE: PRESIDENT
ADDRESS: 5985 STATE BRIDGE ROAD
CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097-

☒ OFFICER

☒ DIRECTOR

NAME: DENNIS J. BRODERICK
TITLE: VICE PRESIDENT
ADDRESS: 7 WEST SEVENTH ST,
CITY/ST/ZIP/CO: CINCINNATI, OH 45202-

☒ OFFICER

☐ DIRECTOR

NAME: DAVID W CLARK
TITLE: VICE PRESIDENT
ADDRESS: 7 WEST 7TH STREET
CITY/ST/ZIP/CO: CINCINNATI, OH 45202-

☒ OFFICER

☐ DIRECTOR

NAME: CARL L. GOERTEMOELLER
TITLE: VICE PRESIDENT
ADDRESS: 7 WEST 7TH STREET
CITY/ST/ZIP/CO: CINCINNATI, OH 45202-

☒ OFFICER

☐ DIRECTOR

NAME: KAREN M. HOGUET
TITLE: VICE PRESIDENT
ADDRESS: 7 WEST 7TH STREET
CITY/ST/ZIP/CO: CINCINNATI, OH 45202-

NAME:	BRADLEY R. MAYS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7 WEST 7TH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-		
NAME:	ANN MUNSON STEINES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7 WEST 7TH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-		
NAME:	BRIAN M SZAMES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7 W SEVENTH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-		
NAME:	JOE TIROCKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5985 STATE BRIDGE RD.		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097-		
NAME:	LINDA J BALICKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	7 W SEVENTH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-		
NAME:	KATHLEEN A. FURLONG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	7 WEST 7TH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-		
NAME:	CHRISTOPHER M. KELLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	7 WEST 7TH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-		
NAME:	STEPHEN J O'BRYAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	7 WEST 7TH ST		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-		
NAME:	STEVEN G. LUCAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	7 WEST 7TH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-		
NAME:	SUSAN P. STORER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	7 WEST 7TH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM COLE CEO 151 W 34TH ST., 13TH FL NEW YORK, NY 10001-	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FAYE GLANCZ SVP 5985 STATE BRIDGE ROAD JOHNS CREEK, GA 30097-	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN LEINBACH SVP 151 W. 34TH ST., 13TH FL NEW YORK, NY 10001-	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA A. MAGEE SVP 151 W 34TH ST., 13TH FL NEW YORK, NY 10001-	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOEL BELSKY DIRECTOR 7 WEST SEVENTH ST CINCINNATI, OH 45202-	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ STEPHEN J O'BRYAN		STEPHEN J O'BRYAN, ASST SECRETARY		12/29/2011	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					